

# Diagnosing childhood constipation and faecal impaction



---

## Information for primary care

The diagnosis of constipation in children is not always obvious, but constipation, particularly if associated with soiling can have a significant social and psychological impacts on the child and family as well as causing issues with school. Shame and embarrassment may prevent families seeking help until the problem has persisted for some time.

Children with disabilities may be more prone to constipation and should be offered assessment and treatment as appropriate. Soiling or bowel issues should not be assumed to be inherent to the disability. History is the most important tool in diagnosis of constipation in children. Abdominal examination will not always reveal constipation, particularly if the retained stools are soft, or if the child is not very slim. Physical examination should be undertaken to exclude red flags as per NICE Guidance on examination and red flags.

NICE Guidance on Constipation in Children and Young People provides detailed information on the impact, diagnosis and management of constipation in children and young people.

### Symptoms of constipation in children

Two or more of the following are indicative of constipation. This can be considered chronic if it has persisted for more than four weeks (Rome IV criteria) or eight weeks (NICE 2010).

- Defecation less than three times a week or more than three times a day
- Soiling that may improve after passage of a large stools
- Reluctance to use the toilet for defecation
- Anal pain or pain with defecation
- Abdominal distension
- Varied size and consistency of stools
- Withholding, straining or hiding to defecate
- Poor or variable appetite that improves after a bowel motion
- Angry or irritable mood or apathetic child, with improvement after a bowel motion

# Diagnosing childhood constipation and faecal impaction

---

## Symptoms of faecal impaction in children

- Bowel actions less than three times a week or more than three times a day that vary in size and consistency or inability to pass formed stools
- Frequent soiling (poo of various consistency in the underwear), often several times a day and usually without the child being aware of the soiling
- Offensive smelling faeces or excessive offensive smelling flatulence
- Anal pain or pain on defecation
- Abdominal distension
- Straining to defecate or withholding faeces
- Angry or irritable mood or apathetic child
- Reduced appetite

Constipation and faecal impaction in children should always be treated proactively with laxatives as first-line management. There is more information on the treatment of constipation and faecal impaction in the Bladder & Bowel UK leaflet

## Further information

Find more information about child bladder and bowel health in our information library at [www.bbuk.org.uk](http://www.bbuk.org.uk). You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

---